



One Step PPD Administration Record for Midwestern University Students

Instructions:

Required fields are indicated with an asterisk (*). For questions, please contact Kamrie Wolf at 623-537-6231 or kwolf@midwestern.edu.

Student Information:

Print Student Name*: _____ Student ID#*: _____

Date of Birth*: _____ Phone*: _____ Program/Year*: _____

Student Signature*: _____

One Step PPD (Must be Completed by Healthcare Provider Only):

This **MUST** be a **Mantoux** test with 0.1 ml of 5TU PPD tuberculin injected **intradermally**. TB Tine tests are **NOT ACCEPTABLE**. The PPD/TB results **MUST** indicate the **date given, the date it was read 48 to 72 hours later by a health care professional, and the reading in millimeters**. This screening is not valid unless all of the required information is recorded.

Failure to include date given, date read, and reading in millimeters will result in having to repeat the screening.

Step 1:

Manufacturer*: _____ Lot #*: _____ Exp. Date*: _____

5 units (0.1cc) PPD was placed intracutaneously into forearm*: _____ R _____ L

Date Given*: _____ By*: _____

Results*: _____ mm Date Read*: _____ Read by*: _____

Required Healthcare Provider Information and Certification (Cannot be Signed by Student or Non-Healthcare Provider)

Print Provider Name*: _____

Credentials/Title*: _____

Provider Signature*: _____

Phone*: _____

Fax*: _____